



**Wisline EVALUATION FORM**  
**WISCONSIN BIRTH TO 3 PROGRAM**

Date of Program: \_\_\_\_\_ Topic: \_\_\_\_\_

Affiliation (county, Tribe, agency) \_\_\_\_\_

**Your role in Birth to 3:**

<input type="checkbox"/> Service Coordinator	<input type="checkbox"/> Speech & Lang Therapist	<input type="checkbox"/> Physician
<input type="checkbox"/> Program Director	<input type="checkbox"/> Educator	<input type="checkbox"/> Other (designate)
<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Parent	
<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Nurse	

1. The topic discussed in this Wisline met my goals and expectations:  
☐ completely ☐ substantially ☐ partially ☐ not at all
2. The Wisline was well paced in the allotted time: ☐ Yes ☐ No
3. Based on my job functions, I will be able to apply the content and techniques presented.  
☐ completely ☐ substantially ☐ partially ☐ not at all
4. Please comment on the speaker(s): (Knowledge, ability to communicate ideas, ability to hold your interest)
5. What did you like or find helpful about this Wisline?
6. What could have been improved?
7. I would like to hear more on this topic: ☐ Yes ☐ No
8. What other topics would you like to discuss in future Wisline?

**RETURN TO:**  
**Lynn Havemann**  
**Waisman Center, Room A105**  
**1500 Highland Avenue**  
**MADISON WI 53705-2280**